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## BIB DATA SHEET

CONFIRMATION NO. 1225

<b>SERIAL NUMBER</b> 10/602,077	<b>FILING or 371(c) DATE</b> 06/23/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 10701-006-999		
<b>APPLICANTS</b> Stephen Suffin, Sherman Oaks, CA; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/501,149 02/09/2000 PAT 6,622,036 which is a CIP of 09/148,591 09/04/1998 ABN which claims benefit of 60/058,052 09/06/1997 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 11/04/2003						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /D JONES/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWINGS</b> 15	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> MEDLEN & CARROLL, LLP 101 HOWARD STREET SUITE 350 SAN FRANCISCO, CA 94105 UNITED STATES						
<b>TITLE</b> Method for classifying and treating physiologic brain imbalances using quantitative EGG						
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			